DEERS/Medical IOD Review Session Issues
12/2/98 – 12/10/98

1. Define a list of additional Coverage Plans for demonstration projects including the Mental Health Wraparound. For each demonstration project coverage plan, define if enrollment, annual re-enrollment, and fee payments are required.
Entity: TMA
Area: Coverage/Enrollment

2. DEERS should consider adding the following items in the Eligibility for Enrollment Response: OHI Policy Id and possible Date/Time stamp? DEERS will look at adding the OHI Effective Calendar Date, OHI Expiration Calendar Date, along with two new fields, the OHI Last Update Date and OHI source of update. OHI Last Update Date and Source would be helpful when OHI information is being returned in all inquiry responses because the requestor would have the most recent information about the OHI policy.

Additional conversation throughout the IOD review sessions has led DEERS to shy away from creating a Unique OHI Policy Id that would allow any information, including the Carrier and Policy Id, to be updated.

DEERS will look at storing OHI history for tracking updates to OHI
- Impact on X12
- Use OHI Last Update Date and Source of the Update

DEERS will be able to communicate the OHI Effective Calendar Date, OHI Expiration Calendar Date, along with two new fields, the OHI Last Update Date and OHI source of update in the Eligibility for Enrollment and Coverage responses. DEERS will capture the OHI Update Date and Update Source from the transaction header when the OHI update information is sent to DEERS. This information can be accommodated in X12 and with the HIPAA implementation guides.
Entity: DEERS
Area: OHI (Impacts eligibility and coverage responses and enrollment)

3. DEERS will consider including cat cap and deductible totals inquiry with Eligibility for Enrollment response for Retirees and Family Members so that MCSCs can determine if enrollment fee payments are applicable. Needs Lock – contractor side inquiry prior to enrollment. Would it be possible for the contractor to send us an indicator to include CC&D totals inquiry? This would allow the CC&D totals to be locked conditionally. If DEERS did this for all Retiree coverage plans, locking may become an issue with claims processing.

In the Eligibility for Enrollment inquiry, the catastrophic cap and deductible totals may be returned in the response to help determine if enrollment fees are applicable. The catastrophic cap and deductible totals will only be included when the assigned coverage plan allows an enrollment into a coverage plan that requires enrollment fees. However, DEERS does not lock this information in an eligibility inquiry. If enrollment fees are applicable for an enrollment, the enrolling organization should determine the order of events for sending the enrollment to DEERS, inquiring and locking the catastrophic cap and deductible totals, and updating the catastrophic cap and deductible amounts with the fee payment information.
Entity: DEERS

4. Should abused family member whose sponsor is not eligible for retirement be carried in DEERS? Currently they are treated as Service Secretarial Designees and non-Service Secretarial Designees. This would be a new requirement for DEERS. Note that injury/condition of this group would not be carried by DEERS.
Entity: TMA

5. Will DEERS carry/capture Worker's Compensation/OCC Health data? If DEERS will capture the data, what kind of insurance is this considered – OHI or OGP?
Entity: TMA
Area: Eligibility/OHI

6. What are the acceptable sources for address updates in DEERS? The source of the update should be credible and should ensure that the address is being updated with the most current information. The purpose of the address in DEERS is for mailings and may not be relevant for the purpose of claims processing where a residence address is necessary. DEERS captures the source of the address update, but does not communicate the source of the last update. Several concerns and action items regarding address updates:

- Include the source of the address update in DEERS Eligibility and Coverage responses. This can be accommodated in X12 and with the HIPAA implementation guides.
- What impacts do address updates have on claims jurisdictions for MCSCs
- From whom shall DEERS accept address updates within the MHS? (i.e. Claims source, enrollment, MTFs)?
- DEERS has no requirement to carry both a mailing address and residence address nor to carry history on addresses
- When should address changes be sent to DEERS when receiving information from multiple sources

Entity: TMA
Area: Person Updates

7. There are Jurisdiction issues revolving around the policy and contracts in which address updates (mailing or residence), enrollment begin and end dates, and so forth affect claims processing. These policies need to be defined and carried out consistently between regions and contracts. The contractors expressed great concern about establishing correct jurisdiction for newborns. These issues do not appear to impact the DEERS design based on the discussions nor does it appear that DEERS can improve this situation.
Entity: TMA
Area: No DEERS impact from a jurisdiction standpoint.

8. How will contract re-competes and transition of enrollment policies between contractors be handled? How does written policy accommodate this?
There was discussion around the re-competing and transition of enrollments between contractors and their systems. Disenrollment notifications are not contractor specific, but specific to the system managing the enrollment. The systems tracked by DEERS represent the trading partner and the computer system. The PCM enrolling division represents the organization responsible for delivering the care. DEERS will maintain who needs notification when there are enrollment transitions between contracts.
Entity: TMA (For the policy)
Area: Enrollment

9. There are a lot of concerns regarding the portability of policies for beneficiaries and the collection of fee payments. These concerns include:

- Who is responsible for enrollment fee collection for a policy when there are people in multiple regions?
- How are single sources of payment vs. multiple sources for enrollment fee collection handled? What is the policy when one party pays and the other doesn't? What happens to "free-rider(s)"?
- Can a Designated Payer and subsequent hierarchy for collecting enrollment fee payments be defined and implemented?
- What impact does enrollment fee collection have on Catastrophic Cap?

Entity: TMA
Area: Enrollment

10. There are concerns regarding Portability focused on Split Enrollments and theTransfer of Enrollments. The contractors took a unanimous stance that they can not have one region disenrolling or updating enrollments for another region. This stance introduces new requirements for DEERS to take actions and perform notifications to other contractors that were not foreseen in the original design. What is the intent and policy for portability in regards to contractors taking action on other regions enrollments?

- What Notifications/Acknowledgements should be sent by contractors and/or DEERS for split enrollments and transfer of enrollments when a change in a policy occurs?
  Split enrollment scenario: sponsor and children 3 & 4 live in Region 3, his other two kids, children 1 & 2, live in Region 5. All are covered by Policy 1. If sponsor fails to pay fees, region 3 cannot disenroll children 1 and 2. Region 3 disenrolls children 3&4, DEERS would disenroll children 1&2 and send notification to Region 5. In effect, DEERS would disenroll all in the policy. Region 5 can request fee payment for children 1&2 and upon fee payment can re-instate enrollment with original enrollment effective dates.
  DEERS original assumption was that the region initiating the failure to pay disenrollment would disenroll all individuals under the policy.
- Should DEERS send information identifying the organization who performed XYZ transaction (enroll, disenroll, etc.) on an eligibility response? This would not be HIPAA compliant.
- What is the policy for one contractor disenrolling beneficiaries in another contractor's region? Should this process be handled through DEERS?

Entity: TMA
Area: Enrollment

11. DEERS was requested to provide transaction histories to provide Enrollment Fee Payment Details. This is a new requirement based on the MCSC need for history/research/problem resolution. This type of transaction cannot be accommodated within HIPAA.

- Need indicator showing which region and which organization made the fee payment. This can be stored on the database, but will not be sent on any response from DEERS.
- Impact on notifications/transactions across regions.

Entity: DEERS/TMA
Area: Enrollment

12. DEERS does not enforce Enrollment Lockouts. The method for contractors to determine if an enrollment lockout should apply is done by evaluating the Disenrollment End Reason Codes returned for the coverage in the Eligibility for Enrollment response. However, communicating the Disenrollment End Reason Code for eligibility is currently not supported within the guidelines of HIPAA.

Entity: DEERS/HA
Area: Eligibility/Enrollment

13. The need to distinguish between the Individual vs. Family coverage plan names needs to be re-evaluated. Is there a benefit in distinction between the two other than the difference in the enrollment fees to be collected based upon the number of individuals being covered under the policy? The concerns around the coverage plan names include:

- Impact on sending unsolicited notifications for disenrollments when there are family members located in multiple locations
- Impact on cat cap & deductible accumulations and the transfer of these amounts between policies for individual vs. family
- DEERS cannot enforce that there are multiple persons in a family policy because enrollments are done individually and DEERS cannot determine if there is another enrollment transaction being sent to add another individual to the family policy
- Impact on how enrollment fees are to be applied from one policy to the next. This could be an unnecessary exercise if there was no distinction between individual and family in the coverage plan name. The collecting of individual vs. family enrollment fees can be administered by the enrolling organizations based upon the number of people covered under the policy.
- When disenrolling from an individual to a family policy or vice versa, is there a new 12-month enrollment period or is the enrollment end date of the new policy the same as the original policy?
- What is the impact on message traffic? There can be a potential increase in the number of enrollment/disenrollment transactions from switching between Coverage Plans to accommodate the individual vs. family.
- When there are multiple people covered under a family policy and the eligibility period for one of the people ends prior to the 12-month period, what should be the end date of the enrollment period, the end of the eligibility or 12 months? For example, is the enrollment period 12-months for retired Prime enrollee turning 65 or does it end at the end of eligibility? What happens to the other individual covered under the policy, are they disenrolled in the family coverage and then enrolled in an individual policy?

Entity: TMA
Area: Enrollment

14. Can Enrollment End Date exceed end of Eligibility? Should Enrollments be less than 12 months when Eligibility is less than 12 months?

- From a DEERS perspective an enrollment should never exceed 12-months or the end of eligibility however, the contractors are setting end enrollment dates beyond the end of eligibility today and beyond a 12 month period.
- DEERS does not plan to accept enrollments that exceed 12-months or the end of eligibility, whichever is less.

Entity: DEERS/TMA
Area: Enrollment

15. Need clarification/refinement for handling Newborns including:

- What is the claims jurisdiction when the address on the claim does not match where the baby was born? This does not impact DEERS – strictly a contractor issue.
- Contractors may need a dummy PCM for conditional enrollment of a newborn beneficiary into Prime because they do not have an enrollment application available when performing the conditional enrollment. Does DEERS need status to indicate conditional enrollments? No, this does not impact DEERS – strictly a contractor issue.
- Into what region should the newborn be enrolled? This does not impact DEERS – strictly a contractor issue.

- Enrollment should only be for 120 days or the end of eligibility, whichever is less, for Prime coverage, not a 12-month period
- DEERS proposed list of events:

1). Inquire for eligibility
2). Send transaction to add a newborn person
3). DEERS adds newborn as person and assigns them their TRICARE Standard coverage for 120 days and gives them a DEERS Id, Temporary Id, and a Patient Id. DEERS cannot assign them to a PRIME individual plan, this must be done through an enrollment transaction—policy states they are covered as PRIME for first 120 days, but PRIME ends after that unless they are enrolled.
4). MTF/Contractor sends conditional enrollment; If the family isn't in PRIME, send end date for 120 days or sponsor's end eligibility date if less. If the family is already in Prime, they are enrolled within that policy for 120 days.
5). DEERS accepts the conditional enrollment.
6). The family goes to a Verifying official. The verifying official records the verification of the newborn in DEERS.
7). DEERS sends notification to appropriate systems managing the enrollment about the eligibility change. DEERS does not change the enrollment.
8). The contractor can extend the newborn enrollment to the 12-month term or the end date of the family's enrollment.
9). If no verification is received, the enrollment expires after 120 days and the child is only eligible for Standard benefits.

- The contractors are questioning whether conditional enrollments are a good idea or not, but did not propose an alternative.
- Does DEERS need status to indicate conditional enrollments?

Entity: TMA/TMA Contracts
Area: Enrollment

16. Should DEERS accept adoptees on conditional enrollments similar to newborns? Assumption: There are papers associated with wards and adoptions. These papers must be presented to a VO for these individuals to receive DoD benefits and therefore the newly adopted are not considered a conditional enrollment and should not be entered into DEERS using the Newborn Enrollment transaction.

Entity: PACMAC
Area: Enrollment

17. What is the policy for the grace period for re-enrollments? DEERS is under the current assumption of 10 days? Sharon Morganthall is looking into the policy for re-enrollment. It has also been documented that the grace period is 21 days.

- DEERS will evaluate providing a derived segment that represents the grace period during the grace period.
- Pharmacy claims still have a requirement for immediate determination of eligibility.
- How to handle PCM changes during grace period or beyond the end date? Should DEERS accept PCM changes during the grace period? PCM changes would only be applicable after a re-enrollment transaction. Does a change of PCM during this period signify a re-enrollment?
- How should claims be handled during the grace period?

Entity: TMA/DEERS
Area: Eligibility/Enrollment

18. How should Disenrollments be handled in the case where the subscriber fails to reenroll and the policy covers family members in various regions? This is another type of termination of

enrollment and is similar to #10. Should one region be able to disenroll another region's enrollees under a failure to pay or termination of enrollment scenario?

- May impact DEERS role to push notifications to the MCSCs.
- Reciprocal disenrollments: by virtue of enrolling in one area, they are disenrolled from another. This occurs during a transfer of enrollment. Under current business practices, MCSCs should not be disenrolling people who are not in enrolled in their region. Reciprocal disenrollments are only done by CHCS.
- Split enrollment scenario: sponsor and children 3 & 4 live in Region 3/his other two kids, children 1 & 2, live in Region 5. All are covered by Policy 1. If sponsor fails to pay fees, region 3 cannot disenroll children 1 and 2. Region 3 disenrolls children 3&4, DEERS would disenroll children 1&2 and send notification to Region 5. In effect, DEERS would disenroll all in the policy. Region 5 can request fee payment for children 1&2 and upon fee payment can re-instate enrollment with original enrollment effective dates.

Entity: TMA
Area: Enrollment

19. What is the requirement for showing UIC information?

- Is UIC used for determining GSU – Prime Remote or AD Referred care outside MTF? This does not impact DEERS – strictly a contractor issue.
- Is DEERS required to keep UIC History? Currently DEERS only has the assigned UIC and does not carry UIC history.

There will be a coverage plan for remotely located sponsors. It will be TRICARE Remote for Active Duty Sponsors and is a coverage plan requiring enrollment.
Entity: HA

20. When the death of an AD sponsor occurs, how does DEERS handle Family Member coverage plans within the 1-year period, and then after the 1-year period?
Entity: DEERS/TMA
Area: Eligibility/Enrollment

21. The claims processors need the ability to include the claim number with their transactions to DEERS. When checking cat cap and deductible totals with intent to update, the contractors use the claim number for locking purposes. The contractors keep the inquiry/response associated with a particular claim. The claim number needs to be incorporated into the message and could be done by adding it to the trace number in the X12 message header.
Entity: DEERS
Area: Claims
Resolution: Incorporate in the EIS.

22. In an effort to identify the correct beneficiary, the contractors should retrain providers to gather family member SSNs and enter this information on claim form in addition to the sponsor's SSN.
Entity: TMA
Area: Claims

23. If an Eligibility Inquiry is sent to DEERS and the inquiry period for a beneficiary is prior to DEERS eligibility, will a Health Care Coverage segment be returned indicating "No Coverage"? For example, if the inquiry period is 1/1/1998 – 5/1/1998 and a baby was born on 3/1/1998, what information will be sent for the period 1/1/1998 – 2/28/1998?

Entity: DEERS
Area: Coverage
Resolution: DEERS will include coverage segments for the entire inquiry period. If the person was not entitled or eligible for DoD benefits, there will be a coverage segment indicating this condition.

24. Will there be a freeze on change orders to contractors so system redesign can begin to incorporate "future" changes/requirements for redesigned DEERS?
Entity: TMA

25. Verify Enrollment Year, Fiscal Year, Point of Service, catastrophic cap and deductible amounts, and copayments in IOD Appendix C. Submit new amounts for any new coverage plans.
Entity: TMA
Area: Claims

26. DEERS should add an update type code associated with the cat cap & deductible dollar amount to indicate enrollment fee payment, cat cap amount, deductible amount, adjustment (non-claim) etc. Refer to ADP Manual Chapter 11 for the list of values. This information would be useful for transaction histories and tracking adjustments made to CC&D totals.
Entity: DEERS
Area: Claims/Enrollment

27. Enrollment Year Definition. What conditions warrant a change in Anniversary Date or Begin Enrollment Date?
- How do these conditions impact cat cap and deductible accumulations? What dates should be used for the accumulations?
- Impact on split enrollments, transfers, and coverage plans

Entity: TMA
Area: Claims

28. Claims – OHI. If any OHI amounts (from enrollments, etc) affect cat cap and deductible totals, these amounts must be sent to the DEERS cat cap and deductible repository. Since DEERS is adding an update type code, should these OHI amounts go under claims?
Entity: TMA
Area: Claims

29. The contractors need a clarification/decision on whether to split the claim if the claim spans enrollment years. This issue does not impact DEERS.
- What is the impact on HCSRs?

Entity: TMA
Area: Claims

30. How will the contractors apply accumulated USFHP amounts to DEERS cat cap and deductible buckets? How will this be done for Fiscal Year (FY) and Enrollment Year (EY) accumulations? Or, will these accumulated amounts be zeroed out? This issue does not impact DEERS.
Entity: TMA
Area: Claims/Enrollment

31. If the enrollment Anniversary date changes, will DEERS push notifications (to assist with adjusting claims)? Currently, DEERS is not planning to do this. Should this be a new requirement?
Entity: TMA
Area: Claims/Enrollment

32. Does DEERS have capability for providing claims transaction histories? If so, what would be process? Additionally, how could DEERS be able to process a transaction history request for amounts applied to the DEERS cat cap and deductible repository? Is DEERS required to provide an online application to view transaction histories for a family? Does this also need to be provided via the interface?
Entity: DEERS/TMA
Area: Claims

33. DEERS role in providing information for cat cap and deductible processing. Items to consider:

- Claim Source Organization Code (What do the values represent, a system, a contract, a region?)
- Should DEERS add the begin and end dates of service associated with the claim record for a cat cap and deductible update?
- How is the claim suffix used (splitting claims that span an FY or EY)?
- What dates should the MCSCs send to represent FY and EY?
- Claim locks – type code and notifications/acknowledgements

Entity: DEERS/TMA
Area: Claims

34. Need clarification on dates associated with enrollment year cat cap and deductible updates. For example, when an enrollment year CC&D update is made, which date is used, just month and year or is date, month, and year needed. And, is this date the service date or transaction date?
Entity: DEERS/TMA
Area: Claims/Enrollment

35. Claims – OHI Development. Need policy stating agreed upon list of business practices and requirements used for processing claims. This should be consistent across the contractors/regions.

Entity: TMA
Area: OHI/SIT/Claims

36. Claims – OHI. DEERS will consider including all OHI inquiry response data to claims coverage response, if all the OHI information is necessary.

- Impact on X12
- Impact on cost/response time of processing

Entity: DEERS/TMA
Area: OHI/Claims

37. DEERS needs to add business events to the IOD to submit update requests to the Standard Insurance Table (SIT) and describe the concept of providing standardized updates to the table to the contractors and CHCS. The HIPAA Payer Id will replace the current DEERS SIT Identifier when it becomes available.

Entity: DEERS
Area: OHI/SIT

38. MCSCs would prefer to update person (OHI info) with only carrier name, state (one query only). Request based on scenario in which OHI Carrier Id is unknown at time of update…. query SIT or combine transaction with something else.

- Impact on X12

Entity: DEERS
Area: OHI/SIT

39. TMA (Tom Frey) will provide a list of OHI Coverage Types (Insurance lines of Business). DEERS to research inclusions/exclusions for OHI Inquiry Response and how this is handled in X12. DEERS reviewed the OHI lines of business in X12 and identified the following OHI indicators need to be identified:

- Dental Care
- Hospital – Inpatient
- Hospital – Outpatient
- Long Term Care
- Pharmacy
- Mail Order Prescription Drug
- Mental Health (Psychiatric)
- Vision (Optometry, assume coverage for Frames, Routine Exam, Lenses)

How will this impact OHI information passed in the claims coverage response?
Entity: TMA
Area: OHI/SIT

40. Specifically state in IOD and SSRS that if no coverage for OHI/OGP/NAS exists during the inquiry period, DEERS will not send any information in these areas within the transaction. If communication with DEERS is successful and no information is contained in these fields, it signifies there is no information for that area during the requested period. If data exists during the period, DEERS will include the information in the response. DEERS will not include a response indicating “No information”
Entity: DEERS
Area: Eligibility/Coverage

41. DEERS response to MCSCs with BRAC and/or regular pharmacy eligibility.
Entity: DEERS
Area: Eligibility

42. MCSCs proposed to make BRAC a special program code – perhaps an entitlement that DEERS would provide for Pharmacy.
Entity: DEERS
Area: Eligibility

43. Review response times and values for pharmacy processing due to 15-second requirement. All entities involved may need to report back on this.
Entity: TMA
Area: Pharmacy

44. DEERS will consider creating a streamlined pharmacy response. DEERS needs TMA and the contractors to define the data requirements for query and data used to query.
Entity: TMA
Area: Pharmacy

45. If OHI exists, then should a NAS be issued? However, the OHI policy may not cover the reason the NAS is issued and therefore the NAS is relevant. Is there a policy that states if OHI exists, NAS should not be issued?
Entity: TMA
Area: OHI/SIT

46. The regulations/instructions for issuing an NAS for newborns need to be reviewed and cleaned up for the contractors. They should not have to issue an NAS if the newborn is covered under Prime. Need clarification for which newborns are in Prime (specifically) Retired Newborns w/ no family members in Prime). This issue does not impact DEERS.
Entity: TMA

47. Will CHCS sites and Contractors come up at the same time or will there be a phased approach for implementation into production?
Entity: All
Area: Transition

48. Should DEERS enforce that for Joint Service Marriage that family members can only be under one sponsor at a single point in time?
Entity: TMA
Area: Eligibility

49. For retroactive NAS, should admitting facility need to match claim and treatment date?
Entity: TMA
Area: NAS

50. Do TAMP Sponsor/Family Member patient categories need to be added for NAS, given TAMP is legislated to go away 12/99?
Entity: TMA
Area: NAS

51. PCM Phone Numbers in MTF – contractors don't have the phone numbers now to send on the enrollments. Collection of this information is a DEERS requirement from TMA. The phone numbers change frequently. Is this information valuable?
Entity: TMA
Area: Enrollment

52. Can an individual have TRICARE concurrently under 2 sponsors from a policy point of view? Should DEERS enforce this? Can an individual enroll in Prime in 2 programs concurrently?
Entity: TMA
Area: Enrollment